

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		09/25/10
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4/3	9/10/10
FORMALITY REVIEW	<i>[Signature]</i>	100916	10/19/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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